

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

Attorney Docket No. 1718-0192P

COPY OF PAPERS
ORIGINALLY FILED

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

Fill in Appropriate Information -
For Use Without Specification Attached: the specification of which is attached hereto. If not attached hereto, the specification was filed on August 10, 2001 as United States Application Number 09/927,254 and amended on _____ (if applicable) and/or the specification was filed on _____ as PCT International Application Number _____; and was amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

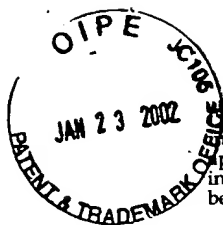
Insert Priority Information: (if appropriate)	Prior Foreign Application(s)	Priority Claimed
<u>9800452-6</u> (Number)	<u>Sweden</u> (Country)	<u>February 13, 1998</u> (Month/Day/Year Filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>9801216-4</u> (Number)	<u>Sweden</u> (Country)	<u>April 3, 1998</u> (Month/Day/Year Filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>9800469-0</u> (Number)	<u>Sweden</u> (Country)	<u>February 16, 1998</u> (Month/Day/Year Filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>9803438-2</u> (Number)	<u>Sweden</u> (Country)	<u>October 7, 1998</u> (Month/Day/Year Filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>98/7267</u> (Number)	<u>South Africa</u> (Country)	<u>August 13, 1998</u> (Month/Day/Year Filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>PCT/SE98/01467</u> (Number)	<u>Patent Cooperation Treaty</u> (Country)	<u>August 14, 1998</u> (Month/Day/Year Filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>PCT/SE99/00194</u> (Number)	<u>Patent Cooperation Treaty</u> (Country)	<u>February 15, 1999</u> (Month/Day/Year Filed) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information: (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)



I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

09/249,317
(Application Number)

July 12, 1999
(Filing Date)

pending
(Status - patented, pending, abandoned)

PCT/SE99/01403
(Application Number)

August 18, 1999
(Filing Date)

pending
(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292
P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COPY OF PAPERS
ORIGINALLY FILED

PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:
↓

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above


Full Name of Fifth
Inventor, if any:
see above

Page 2 of 3
(Rev. 06/29/01)

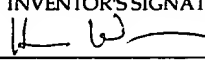
*DATE OF SIGNATURE

GIVEN NAME/FAMILY NAME Xiao Xiong ZHOU	INVENTOR'S SIGNATURE <i>Xiao Xiong Zhou</i>	DATE* Oct. 24, 2001
Residence (City, State & Country) Huddinge, Sweden	CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Kallkarsvagen 12, S-141 41 Huddinge, Sweden		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE <i>Nils Gunnar Johansson</i>	DATE* Oct 24, 2001
Residence (City, State & Country) Enhorna, Sweden	CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Baverstigen 19, S-150 23 Enhorna, Sweden		
GIVEN NAME/FAMILY NAME Horst WAHLING	INVENTOR'S SIGNATURE <i>Horst Waling</i>	DATE* Oct. 24, 2001
Residence (City, State & Country) Skarholmen, Sweden	CITIZENSHIP German	
MAILING ADDRESS (Complete Street Address including City, State & Country) Tempelriddarevagen 3, S-127 61 Skarholmen, Sweden		
GIVEN NAME/FAMILY NAME Christian SUND	INVENTOR'S SIGNATURE <i>Christian Sund</i>	DATE* Oct 24, 2001
Residence (City, State & Country) Varby, Sweden	CITIZENSHIP Finnish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Backgardsvagen, S-143 21 Varby, Sweden		
GIVEN NAME/FAMILY NAME Lourdes SALVADOR	INVENTOR'S SIGNATURE <i>Lourdes Salvador</i>	DATE* Oct 24, 2001
Residence (City, State & Country) Norrkoping, Sweden	CITIZENSHIP Philippines	
MAILING ADDRESS (Complete Street Address including City, State & Country) Saltangsgatan 1B, S-602 22 Norrkoping, Sweden		


Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Stefan LINDSTROM	INVENTOR'S SIGNATURE 	DATE* Oct 23 2001
Residence (City, State & Country) Uppsala, Sweden	CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Marmorsvagen, S-752 44 Uppsala, Sweden		

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Hans WALLBERG	INVENTOR'S SIGNATURE 	DATE* October 27, 2001
Residence (City, State & Country) Huddinge, Sweden	CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Mangardsvagen 10, S-141 51 Huddinge, Sweden		

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Christer SAHLBERG	INVENTOR'S SIGNATURE 	DATE* October 24, 2001
Residence (City, State & Country) Hagersten, Sweden	CITIZENSHIP Swedish	
MAILING ADDRESS (Complete Street Address including City, State & Country) Malarhojdsvagen 5L, S-129 40 Hagersten, Sweden		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		